



Leftover state-supplied Zostavax

Once you receive Shingrix vaccine at your facility, process a return in VacTrAK for any Zostavax vaccine and return the doses to the Alaska Immunization Program.

1. Reconcile Zostavax doses out of your inventory

- Use the **Vaccine Recall** reason for Zostavax doses that are not used, not expired
- Use other reconciliation reasons as needed for other doses (Expired, Drawn up not used, etc)

Vaccine	Lot Number	Exp Date	Quantity on Hand	Physical Inventory	Adjustment (+/-)	Category	Reason
zoster	N026817	12/25/2018	10	0	-10.0	Recall	Vaccine recall

VAC-TRAK
Logged in: [redacted] Organization (IRMS): [redacted] Date: February 22, 2018

Vaccine	Lot Number	Exp Date	Quantity on Hand	Physical Inventory	Adjustment (+/-)	Category	Reason	Funding Source	Inactive	Add Row
DTaP (Infanrix)	33H9N	01/11/2019	5		0.0	--No Category Required--	--No Reason Required--	PUB	<input type="checkbox"/>	+
DTaP-IPV (Kinrix)	7492S	05/25/2019	10		0.0	--No Category Required--	--No Reason Required--	PUB	<input type="checkbox"/>	+
Hep A, adult	23F25	09/11/2018	5		0.0	--No Category Required--	--No Reason Required--	PUB	<input type="checkbox"/>	+
Hep B Ped/Adol - Preserv Free	N002914	11/04/2019	10		0.0	--No Category Required--	--No Reason Required--	PUB	<input type="checkbox"/>	+
Hep B Ped/Adol - Preserv Free	N006321	11/08/2019	0		0.0	--No Category Required--	--No Reason Required--	PUB	<input type="checkbox"/>	+
Hep B, adult	KK357	12/04/2018	0		0.0	--No Category Required--	--No Reason Required--	PUB	<input type="checkbox"/>	+
Hib (PRP-OMP)	N013293	02/29/2020	10		0.0	--No Category Required--	--No Reason Required--	PUB	<input type="checkbox"/>	+
Influenza, injectable, quadrivalent, preservative free, pediatric	UT5943UA	06/30/2018	12		0.0	--No Category Required--	--No Reason Required--	PUB	<input type="checkbox"/>	+
IPV	13597	10/13/2018	13		0.0	--No Category Required--	--No Reason Required--	PUB	<input type="checkbox"/>	+
Meningococcal MCVA0	M17001	10/31/2018	5		0.0	--No Category Required--	--No Reason Required--	PUB	<input type="checkbox"/>	+
Td preservative free	U5854AB	01/25/2020	1		0.0	--No Category Required--	--No Reason Required--	PUB	<input type="checkbox"/>	+
zoster	N010494	03/16/2018	5		0.0	--No Category Required--	--No Reason Required--	PUB	<input type="checkbox"/>	+

Inventory Last Submitted: 02/09/2018

Legend:
 Public Lots
 Private Lots
 Expired Vaccines
 Expires in 30 days or less

2. Process a return

VAC-TRAK
Logged in: [redacted] Organization (IRMS): [redacted] Date: April 26, 2018

Current Order/Transfer List
 Organization (IRMS): [redacted] Facility: [redacted] PIN: [redacted]
 Current Organization (IRMS)/Facility: SOA EPI DEPOT STATE APPROVER

Select	Order Number	PIN	Submit Date	Approval Date	Status
Inbound Orders					
Backordered Orders					
Denied Orders					
Inbound Transfers					
Outbound Transfers					
Rejected Transfers					

Buttons: Create Order, Vaccine Return

3. Type in the # of doses

4. Print the Transfer Detail page and place it in the box with the vaccine

- Do not send private vaccine or non-vaccine products to the Immunization Program

Transfer Detail							
Transfer Number: [redacted]							
Sending Organization (IRMS): [redacted]							
Sending Facility: [redacted]							
Receiving Organization (IRMS): SOA EPI DEPOT RETURNS							
Transfer Quantity	Vaccine	Public	Manufacturer	Lot Number	Expiration Date	Comment	Return Reason
9	zoster	PUB	MERCK	M037016	11/22/2017		Expired

5. Mail the vaccine to

Epi Vaccine Depot
 9210 Vanguard Dr Ste 102A
 Anchorage, AK 99507

(Click [here](#) for more instructions on how to process a return)

Contact the Immunization Helpline

Anchorage: 907-269-8088 | Toll Free: 888-430-4321 | Email: immune@alaska.gov | Fax: 907-562-7802

Website: <http://dhss.alaska.gov/dph/Epi/iz/Pages/default.aspx>

Contact Epidemiology Vaccine Depot

Anchorage: 907-341-2202 | Email: vaccinedepot@alaska.gov

Website: <http://dhss.alaska.gov/dph/Epi/iz/Pages/vaxpacket/default.aspx>